

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | 14       |        | 06/04/01 |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | MM       | 920    | 08 02-01 |
| RESPONSE FORMALITY REVIEW | ← m      | 981    | 01 25 01 |

### INDEX OF CLAIMS

|   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| — | (Through numeral) Canceled | A | Appeal       |
| + | Restricted                 | O | Objected     |

| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original |          |
| 1        | 01/04/01 |
| 2        | 01/04/01 |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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01/04/01  
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